

2013

# Florida Blue Foundation IMPACT Annual Evaluation Report

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THE  
Ounce of Prevention Fund  
OF FLORIDA

# Florida Blue Foundation

## IMPACT Annual Evaluation Executive Summary

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The Florida Blue Foundation funded 15 IMPACT grantees during 2013. The Ounce of Prevention Fund of Florida evaluation team has documented the progress of the grantees during the year. The evaluation team participated in and prepared notes on the conference calls with grantees during June and October of 2013 and January 2014, reviewed the grantee interim reports submitted in July 2013 and January 2014, extracted information entered in the IMPACT Data Management System (IMPACT System), and compiled response results on the IMPACT Client Survey.

To augment efforts to compare experiences, relevant information is presented in five grantee categories. The five grantee categories are: 1) Dental, 2) Mental Health/Case Management, 3) Multi-Service, 4) Primary/Specialty, and 5) Speech/Hearing and Vision. The highest number of grantees was in the Primary/Specialty grant category with five grantees. The next highest number of grantees was in the Dental grantee category with four grantees.

Overall, the population seen by the grantees was predominantly female (60.2%). Exceptions to this observation were Mental Health America of Northeast Florida, Children's Volunteer Health Network, Community AIDS Resource, New Horizons of the Treasure Coast, and Jacksonville Speech and the Hearing Center, where the majority of the population was male. Two grantees served only children, six grantees served only adults, and the remaining grantees reported adults and children in their populations. Multiple race and ethnic categories were reported by all grantees with the highest percentage Black served by the Sundari Foundation and the highest percentage Hispanic/Latino served by Community AIDS Resource. Of the thirteen grantees reporting demographic data, 73.8 percent of the grantee population was uninsured. Other grantees reported that they had patients with some form of public insurance. Six grantees indicated small populations of patients with private insurance.

Performance on three major outcomes was documented. The adoption of outcomes and becoming proficient and systematic in the entry of data needed to calculate outcome achievement were significant advances for several of the grantees. The IMPACT System offered the formal structure needed and recommended in the *Florida Blue Foundation IMPACT Program Comprehensive Evaluation, 2007-2011*. Technical assistance was ongoing as needed with each grantee to address irregularities or misunderstandings about the data collection methodology. Some improvements in the data reporting are needed for a few of the grantees but the overall compliance with the required reporting met expectations.

The three Florida Blue Foundation outcomes required of all grantees improved 1) service capacity, 2) access to health care or completed services, and 3) unduplicated patients. During 2013, the majority of the grantees made substantial progress and exceeded their targets.

Referring to the first outcome, service capacity, the achievement of this outcome for all grantees combined (aggregate) was 65.3 percent. Eight of the grantees achieved over 90 percent of



their goal. Four of the grantees achieved or exceeded their goal. When excluding the target goals for two grantees that did not report data due to delays in implementation, the combined (aggregate) performance for Outcome 1 is 93.8 percent. When comparing these grantees achievements to grantee provided baselines from 2012, service capacity increased by 47 percent from 2012 to 2013.

For the second major outcome, completed services (health care access), the achievement for this outcome for all grantees combined (aggregate) was 58.1 percent. Nine of the grantees achieved over 90 percent of their goal with seven of those grantees achieving over 100 percent. When excluding the target goals for the three grantees who have not reported data due to delays in implementation, the combined (aggregate) performance for Outcome 2 is 102.5 percent. When comparing these grantees achievements to grantee provided baselines from 2012, health care access increased by 48 percent from 2012 to 2013.

For the final and third major outcome, the number of unduplicated patients the program sees during the year, the achievement for this outcome for all grantees combined (aggregate) was 61.3 percent. Seven of the grantees achieved over 100 percent of their targets. When excluding the target goals for the two grantees that did not report data due to delays in implementation, the performance for Outcome 3 is 126.2 percent. When comparing these grantees achievements to grantee provided baselines from 2012, number of unduplicated patients seen increased by 61 percent from 2012 to 2013.

Several grantees selected additional grantee specific outcomes to measure their progress. These outcomes were developed by several grantees with the assistance of the evaluation team. The grantee specific outcomes related to progress in service quality, resource development, or patient improvement. Performance on these outcomes was mixed. Performance on these outcomes will be assessed at the conclusion of the full grant cycle, as most data necessary to measure progress will not be available until that time.

Overall, the grantees made reasonable progress toward achieving their annual goals on service capacity, completed services, and unduplicated number of patients. It is important to continue to monitor grantee effort in reaching their goals during Year 2 of the grant cycle.

Challenges and approaches to mitigate these challenges were shared in the IMPACT grantee interim reports and during the conference calls. There were seven major or more common types of challenges identified from a more comprehensive list. These challenges were present across multiple grantee categories. These common types were:

- 1) Difficulty Contacting Transient Population
- 2) Health Insurance Complexity
- 3) Information Technology Compatibility and Functionality
- 4) Staff Recruitment, Turnover or Maintenance
- 5) Client Appointment No-Shows
- 6) Facility Renovations due to Slow Response from Vendors or Slow Bid Process
- 7) Educating Other Professionals on the Benefits of Services

There were several examples of approaches to mitigate challenges shared by grantees. Some of the more exemplary approaches are documented in the full report. Selected approaches refer to increased efforts to contact patients (Mental Health America of Northeast Florida), direct contact with parents in order to collect permission forms to serve their children (Jacksonville Speech and Hearing Center), implementing policies to address “no shows,” (Community AIDS Resource and Volunteers in Medicine), and collaborating with other homeless service providers (We Care Jacksonville).

Community collaboration is considered a desirable goal for grantees. It offers opportunities to gain access to shared resources and providing comprehensive services for people in need. Examples of collaboration with partners in the community were shared by several grantees. These examples included other service providers and organizations in a community that can be helpful in the recruitment of target populations, such as schools and local churches. A local television station was also mentioned by one grantee when discussing efforts to communicate with the target population about the available services.

Leveraging additional funding and resources with the IMPACT grants was documented. Based on information submitted in the IMPACT grantee interim reports and reported in the IMPACT System, leveraging has been occurring. Eight (53 percent) grantees indicated that they used the IMPACT grant to obtain other grants and funding. Five grantees indicated that they were able to leverage other resources to support the work of the IMPACT grant, such as donated equipment and supplies. Four of these grantees reported that the value of the in-kind support was valued at \$873,000. Seven grantees reported the specific amounts of funding they received from other sources with the IMPACT grant serving as one of the justifications for this additional funding. The total amount reported among these seven grantees was \$722,402.

The reliance on volunteers in the implementation of the IMPACT grants is a key feature and vital to the provision of health care and services. There were 22,610 volunteer hours logged by 544 volunteers for all grantees combined in 2013. The estimated value of these volunteer hours is over 1.4 million dollars. Universal Heritage Institute reported the most volunteer hours with 7,359, followed by Catholic Charities of Central Florida at 6,890 hours. The Sundari Foundation reported the highest number of new volunteers at 83 and Catholic Charities of Central Florida reported the highest number of total volunteers at 253. Seven of the grantees reported new volunteers for 2013.

The final section of the report presented information on the IMPACT Client Survey. The total number of surveys completed and submitted for data entry in 2013 was 2004 as of February 10, 2014. Based on the survey responses, 66.3 percent did not know that the clinic or program was funded by the Florida Blue Foundation. The percentage of respondents that considered themselves Floridians was 73.7 percent. A high percentage of survey respondents, 71.9 percent, would not have received the services without the IMPACT grants. The percentage of respondents indicating they would share with others that Florida Blue made the services available was very high, 94 percent. Awareness that Florida Blue and Florida Blue Foundation are committed to improving their health care was acknowledged by 88.2 percent of survey respondents.



The review of the experience and performance of the grantees documented in this annual report is valuable for a number of reasons. The primary benefit is to document their progress. In addition, it was possible to learn about the challenges and the approaches that have been implemented to mitigate these challenges. The evaluation experience has also provided grantees an opportunity to network and learn from each other. Finally, it was constructive in identifying assistance that might be provided by the evaluation team to improve the performance of the grantees during their second year of funding.

During 2014, the evaluation team will focus on improving the data reporting for grantees that need assistance. The evaluation team will continue to schedule and help facilitate IMPACT Group Conference Calls. These calls allow the grantees to share additional efforts to mitigate challenges identified earlier and to mention other challenges that surfaced more recently. This is also another excellent opportunity for grantees to share their strategies with each other and learn from other grantee experiences.

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# Florida Blue Foundation

## IMPACT Evaluation Report 2013

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### Introduction

The primary purpose of this report is to document and evaluate the progress of the Florida Blue Foundation IMPACT grantees during 2013. In our preparation of this report, the Ounce of Prevention Fund of Florida evaluation team reviewed the IMPACT grantee interim reports submitted in July 2013 and January 2014. The evaluation team participated in and prepared notes on the conference calls with grantees during June and October of 2013 and January 2014, reviewed information entered in the IMPACT Data Management System (IMPACT System), and reviewed response results on the IMPACT Client Surveys. All of the data reviewed for the evaluation corresponds with that available through February 10, 2014.

In our documentation of the progress of the IMPACT grants, we answer several evaluation questions. These questions correspond with questions posed in the conference calls and included in the grantee interim reports. They highlight the major points of interest and importance regarding the implementation and status of the IMPACT grant activities. The questions are:

- 1) Did the IMPACT grantees meet their outcomes in 2013?
- 2) What challenges and barriers were encountered in recruitment of their target population and implementation of the grant project?
- 3) What approaches were developed to address/mitigate challenges and barriers? Were these approaches shared with other IMPACT grantees?
- 4) What human interest cases were submitted by grantees that showcase their services and the impact their services have had on individuals and families?
- 5) Did collaboration between the IMPACT grants and partners in the community occur?
- 6) Were the IMPACT grants used to leverage additional resources and services?
- 7) What is the reliance on volunteers in the IMPACT grants?
- 8) What were the responses on the IMPACT Client Survey?

Most of the information referring to the IMPACT grants in this report is organized by five grantee categories that were developed by the evaluation team at the beginning of 2013. These categories are listed and described in Table 1 with the grantees in each category specified. The categories offer a meaningful framework for describing the activities and performance of the grantees. This organization of the content in this report allows comparisons between IMPACT grantees providing similar services. These categories also served as an appropriate structure for qualitative data collection in the conference calls with grantees.

**Table 1: IMPACT Grantee Categories**

IMPACT Grantee Category	Description of Category	IMPACT Grantees
<b>Dental</b>	This category includes the provision of a wide range of dental care services. The IMPACT grants fund services at new fixed site locations, the expansion of services at existing fixed-site location, and mobile clinics that can serve the target population at locations that are more accessible. The target populations served are underserved and uninsured. Locations that are served with the mobile clinics include schools, low income housing programs, and registered migrant camps.	Community AIDS Resource Children's Volunteer Health Network Franklin County Health Department Manatee County Rural Health Services
<b>Mental Health/Case Management</b>	This category includes mental health services. The IMPACT grants fund the coordination of outpatient care after discharge from psychiatric treatment or mental health counseling and care within a medical clinic. The IMPACT grants fund staff, a psychiatric nurse practitioner, or a behavioral health care coordinator.	Volunteers in Medicine Clinic Mental Health America
<b>Multi-Service</b>	This category includes expanding or continuing medical care and services that meet basic needs. Sites also provide referrals for other services. The other services might be available at different locations or in the same location as the health clinic. Those served might be located in a defined geographic area or a multi-county area.	Sundari/Lotus House Catholic Charities of Central Florida
<b>Primary/Specialty</b>	This category includes primary health care with a specialization in treating the chronically ill and those with behavioral health conditions. The IMPACT grants target services for underserved and those living in impoverished areas. The IMPACT grants fund medical staff and supplies.	Universal Heritage Institute We Care Jacksonville Health and Hope Clinic Alachua County Health Department New Horizons
<b>Speech, Hearing and Vision</b>	This category includes speech and hearing or vision screening and examinations. The target population for speech and hearing is uninsured children. Vision services are provided for both children and adults. The geographic area served by Jacksonville Speech & Hearing Center is Jacksonville. Vision is Priceless serves the multi-county area that is northeast Florida. The IMPACT grants fund staff, screening equipment, and materials.	Speech and Hearing Center Vision is Priceless Council

The report is divided into several sections. Most of the sections of the report answer one or two of the evaluation questions listed above. The first section provides a description of each grantee. A demographic profile of the target populations served by each grantee is presented in the second section. The third section addresses the IMPACT grantee outcomes and their performance on these outcomes. The fourth section shares several human interest cases submitted by several grantees. The



fifth section covers the challenges and barriers that were shared by the grantees. These challenges referred to reaching target populations and implementation of their projects. The approaches used to mitigate some of the challenges are also described in this section. The next section highlights collaboration among partners in the communities where the grantees are located. Partnerships among the grantees and agencies in their communities are viewed as a positive way to add and strengthen resources. Being part of community collaboration can also enhance the probability for short and long-term success. A brief review of research literature addressing community collaboration is included in that section. Leveraging through grants, donations and the reliance on volunteers by the grantees is addressed in a seventh section of the report. A compilation of the responses on the IMPACT Client Survey is presented in the final section.

## **Brief Description of IMPACT Grantees**

A brief description of each of the fifteen grantees is presented in this section. These descriptions indicate the amount of funding and time frame, the area to be served, and the project description. As an additional point of interest regarding the grantees, ten of the fifteen grantees were awarded IMPACT grant funding in the past. In this section, the IMPACT grant descriptions are presented by the five categories specified in the introduction of the report: 1) Dental, 2) Mental Health/Case Management, 3) Multi-Service, 4) Primary/Specialty, and 5) Speech, Hearing and Vision.

### **Dental IMPACT Grantee Category**

#### **Children's Volunteer Health Network**

Recommended Funding: \$100,000 over two (2) years  
Area to be Served: Walton and Okaloosa Counties, Northwest Florida Region  
  
Project Description: Increase access to dental care for uninsured and underserved children

#### **Community AIDS Resource**

Recommended Funding: \$200,000 over two (2) years  
Area to be Served: Broward County, South Florida Region  
  
Project Description: Increase access to dental services for uninsured and underserved children and adults

#### **Franklin County Health Department**

Recommended Funding: \$300,000 over three (3) years  
Area to be Served: Franklin County, Northwest Florida Region  
  
Project Description: Establishment of a dental clinic to serve uninsured and underserved children and adults

#### **Manatee County Rural Health Services**

Recommended Funding: \$300,000 over three (3) years  
Area to be Served: Manatee County, West Coast Region

Project Description: Increase access to dental care for uninsured and underserved children through the purchase, retrofit and deployment of a mobile dental unit

### **Mental Health IMPACT Grantee Category**

#### **Mental Health America of Northeast Florida**

Recommended Funding: \$102,000 over two (2) years  
Areas to be Served: Baker, Clay, Duval, Nassau and St. Johns Counties, Northeast Florida Region

Project Description: Provide mental/behavioral health care coordination/patient navigation to uninsured and underserved adults

#### **Volunteers in Medicine Clinic**

Recommended Funding: \$200,000 over two (2) years  
Area to be Served: Martin County, South Florida Region

Project Description: Increase access to mental/behavioral health care services for uninsured and underserved adults

### **Multi-Service IMPACT Grantee Category**

#### **Catholic Charities of Central Florida**

Recommended Funding: \$120,000 over two (2) years  
Area to be Served: Lake, Sumter, Orange, Marion and Osceola Counties, Central Florida Region

Project Description: Increase access to care for uninsured adults via three, rural free clinics

#### **Sundari Foundation**

Recommended Funding: \$100,000 over two (2) years  
Area: Miami-Dade County, South Florida Region

Project Description: Increase access to care for uninsured and underserved women and children residing in the Lotus House Women's Shelter

### **Primary/Specialty IMPACT Grantee Category**

#### **Alachua County Health Department**

Recommended Funding: \$300,000 over three (3) years  
Area to be Served: Alachua County, Northeast Florida Region

Project Description: Establishment of a satellite medical clinic to serve uninsured and underserved adults

#### **Health and Hope Clinic**

Recommended Funding: \$200,000 over two (2) years  
Areas to be Served: Escambia and Santa Rosa Counties, Northwest Florida Region



Project Description: Increase access to care for uninsured and underserved adults

#### **New Horizons of the Treasure Coast**

Recommended Funding: \$190,000 over three (3) years  
Areas to be Served: Okeechobee, Martin, Indian River and St. Lucie Counties, South Florida Region

Project Description: Establish a medical clinic for uninsured and underserved adults within a mental/behavioral healthcare facility

#### **Universal Heritage Institute**

Recommended Funding: \$288,000 over three (3) years  
Areas to be Served: Broward and Miami-Dade County, South Florida Region

Project Description: Increase access to care for uninsured and underserved adults

#### **We Care Jacksonville**

Recommended Funding: \$200,000 over two (2) years  
Area to be Served: Duval County, Northeast Florida Region

Project Description: Provide chronic disease and mental/behavioral health care coordination/patient navigation for uninsured adults

### **Speech, Hearing and Vision IMPACT Grantee Category**

#### **Jacksonville Speech and Hearing Center**

Recommended Funding: \$200,000 over two (2) years  
Area to be Served: Duval County, Northeast Florida Region

Project Description: Provide free speech and hearing screenings and therapy for uninsured and underserved pre-Kindergarten-aged children

#### **Vision Is Priceless Council**

Recommended Funding: \$200,000 over two (2) years  
Areas to be Served: Baker, Clay, Nassau and St. Johns Counties, Northeast Florida Region

Project Description: Increase access to free vision care for uninsured and underserved children and adults throughout northeast Florida

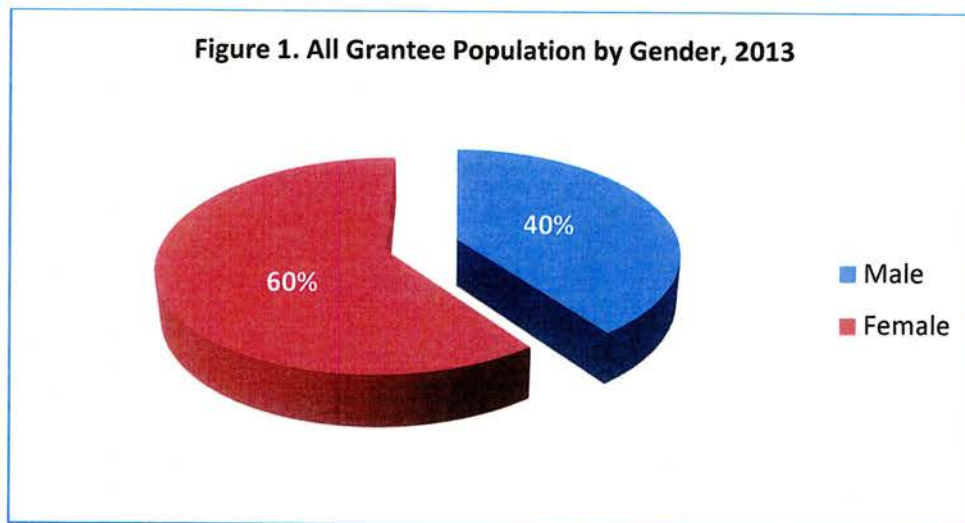
### **Demographic and Insurance Population Profiles by IMPACT Grantee**

A demographic profile of the target populations served by each grantee is presented in this section in aggregate and by grant category. The information is based on data entered in the IMPACT System by each grantee. Two grantees did not enter demographic information in the IMPACT System

because implementation had not occurred or was severely delayed. Table 5 displays the available demographic and insurance data for each IMPACT grantee. Collecting demographic data in a systematic fashion was challenging for some grantees. The evaluation team provided technical assistance to those grantees related to data collection and accuracy of the data throughout 2013.

The demographic and insurance profile includes gender (female, male), patient type (adults, children), insurance type (private, public, and uninsured), and race (Black, Hispanic/Latino, Multi-racial/multi-ethnic, White and Other). Figures 1-7 illustrate the demographic and insurance profiles for 13 grantees combined or by IMPACT grantee category.

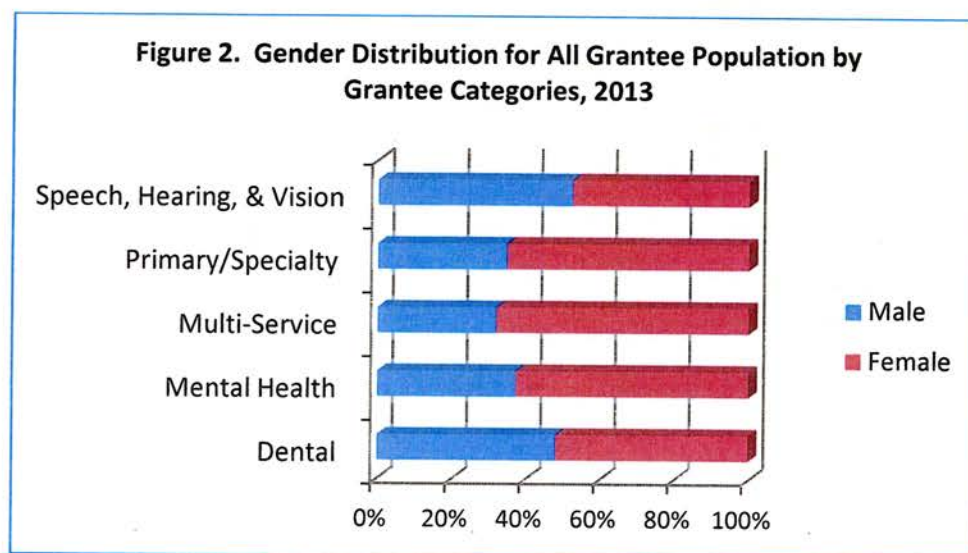
With respect to gender, five of the grantees had populations that were 60 percent or higher female with the highest being the Sundari Foundation at 89.6 percent. Of the grantee categories, Speech, Hearing, and Vision had the highest percentage of male grantee patients, at 52.3 percent. Figure 1 provides a representation of the patient data for all grantees by gender. Table 2 and Figure 2 display the gender distribution for each category of grantees.



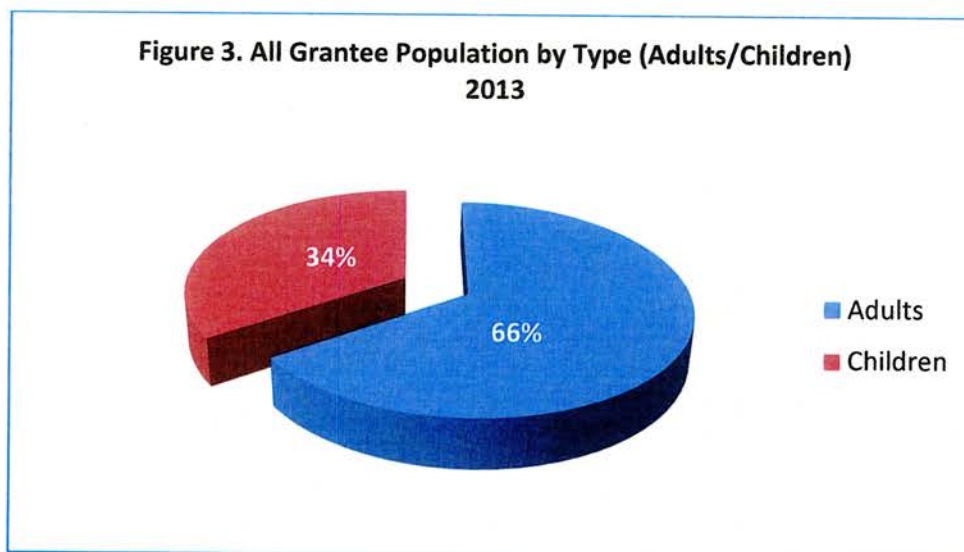
**Table 2: Gender Distribution for Grantee Population by IMPACT Grantee Categories, 2013**

IMPACT Grantee Categories	Gender by IMPACT Grantee Categories	
	Male	Female
Dental	47.9%	52.1%
Mental Health/Case Management	45.1%	54.9%
Multi-Service (one grantee in this category serves only females)	10.4%	89.6%
Primary/Specialty	35.1%	64.9%
Speech, Hearing, and Vision	52.3%	47.7%



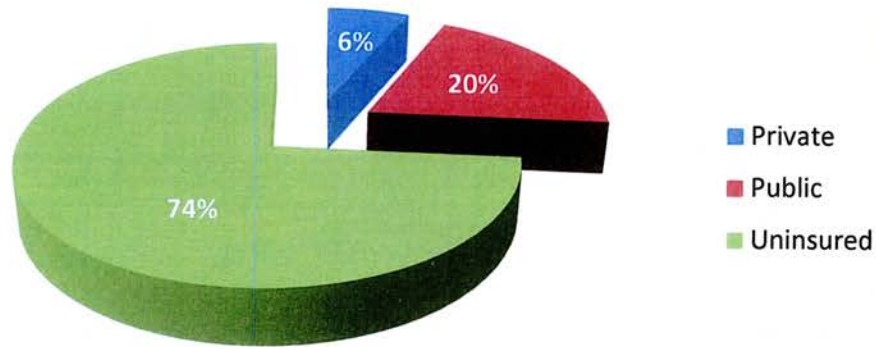


Five of the grantees served both adults and children, Community AIDS Resource, Franklin County Health Department, Universal Heritage Institute, Sundari Foundation, and Vision is Priceless. The Children’s Volunteer Health Network and Jacksonville Speech and Hearing Center are the grantees serving children only. The remaining grantees served only adults. Figure 3 displays the patient type for all grantee patient populations.



The categories referring to insurance coverage are also informative. For the vast majority of the grantees, the percentages serving the uninsured were very high or at 100 percent for their entire populations. Seven grantees reported a portion of their population served had public insurance, three of them with over 50 percent of population served having public insurance. Only 6.4 percent of the grantee population, including clients served by Mental Health America of Northeast Florida, specified private insurance. Figure 4 displays all grantees by insurance type. Table 3 and Figure 5 display insurance type by IMPACT grantee category.

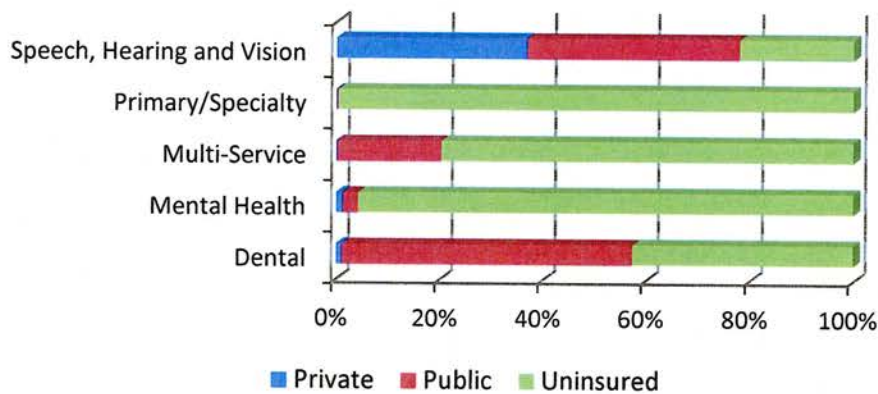
**Figure 4. All Grantee Population by Insurance Type, 2013**



**Table 3. Insurance Type Distribution for Grantee Patient Population by IMPACT Grantee Categories, 2013**

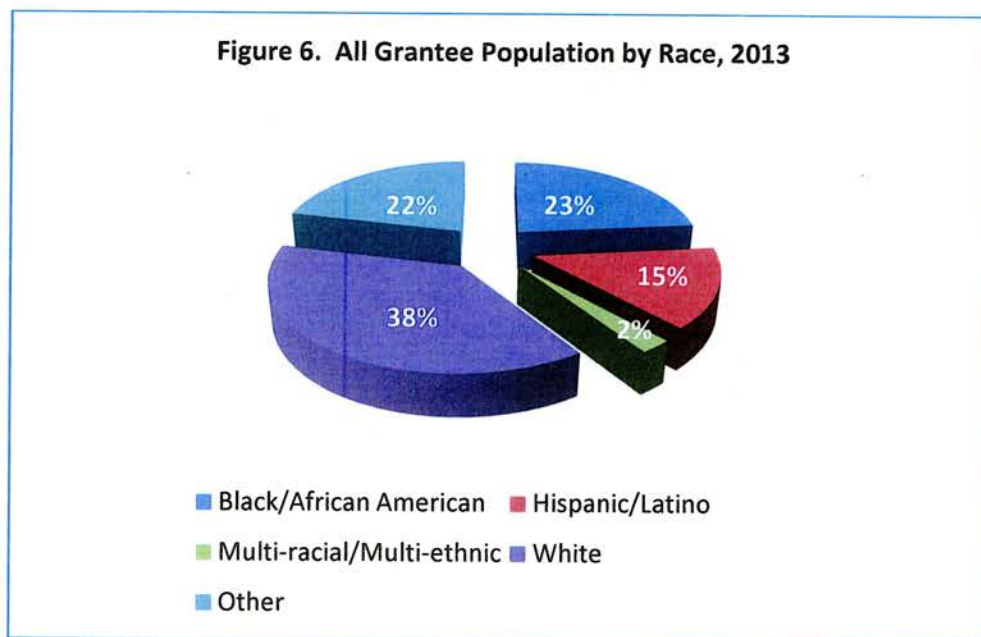
IMPACT Grantee Categories	Insurance Type		
	Private	Public	Uninsured
Dental	1.0%	56.3%	42.7%
Mental Health/Case Management	1.2%	3.0%	95.9%
Multi-Service	0.1%	20.1%	79.8%
Primary/Specialty	0.1%	0.2%	99.7%
Speech, Hearing and Vision	36.8%	41.1%	22.1%

**Figure 5. Insurance Type for All Grantee Population by Grantee Category, 2013**





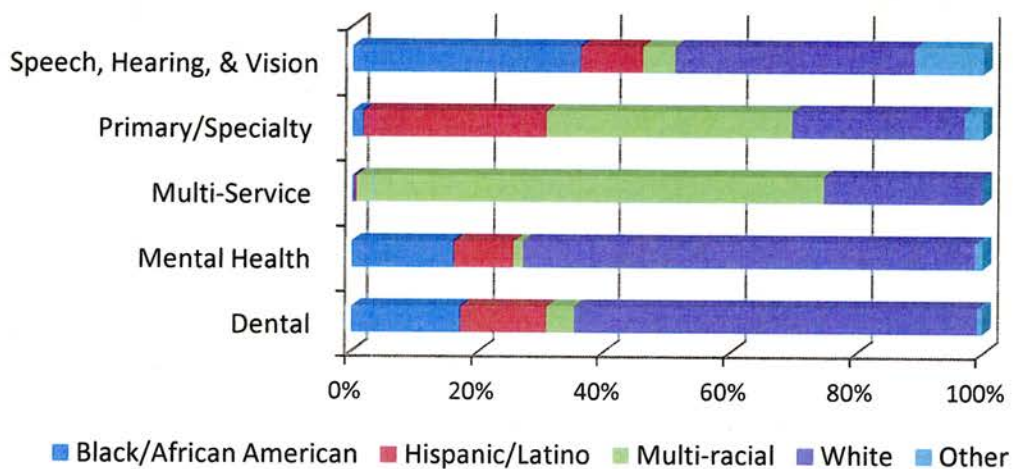
All of the grantees had multiple race categories included in their demographic profiles. The most common categories were Black, Hispanic, Multi-racial or Multi-ethnic, White, and other. For measurement purposes, the few responses of Asian, Pacific Islander or Native Hawaiian, American Indian, and undeclared were combined in the "other" category. The IMPACT grant with the highest percentage Black was Sundari Foundation (68.2%) and the IMPACT grantee with the highest percentage Hispanic/Latino was Community AIDS Resource (35.2%). The Universal Heritage Institute had a very high percentage in the "Other" category (55.3%) which is attributed to their primary focus on serving a Pakistani population. Figure 6 displays the race distribution for the entire grantee population. Table 4 and Figure 7 display the race distributions by IMPACT grantee categories.



**Table 4. Race Distribution for Grantee Population by IMPACT Grantee Categories, 2013**

IMPACT Grantee Categories	Race				
	Black	Hispanic/Latino	Multi-racial/ Multi-ethnic	White	Other
Dental	17.1%	13.8%	4.5%	63.9%	0.8%
Mental Health/Case Management	16.1%	9.5%	1.5%	71.7%	1.2%
Primary/Specialty	1.7%	29.0%	38.8%	27.4%	3.0%
Speech, Hearing and Vision	36.1%	9.9%	5.1%	37.9%	10.9%
Multi-Service	0.4%	0.4%	74.0%	25.3%	0.0%

**Figure 7. Race for all Grantee Population by Grantee Categories, 2013**



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**Table 5. Demographic and Insurance Profile of Population Served in each IMPACT Grant, 2013**

Impact Grantee	Gender		Patient Type		Insurance Type			Race				
	Male	Female	Adults	Children	Private	Public	Uninsured	Black	Hispanic/ Latino	Multi- racial/ Multi- ethnic	White	Other
All Grantees	39.8%	60.2%	71.5%	28.5%	6.4%	19.8%	73.8%	21.6%	22.1%	2.3%	34.7%	19.4%
Dental												
Children's Volunteer Health Network	50.9% (400)	49.1% (386)	0	100.0% (786)	0	56.5% (444)	43.5% (342)	18.7% (147)	19.3% (1,152)	7.3% (57)	53.4% (420)	1.3% (10)
Community AIDS Resource	56.4% (119)	43.6% (92)	96.2% (202)	3.8% (8)	8.6% (18)	0	91.4% (192)	24.8% (52)	35.2% (74)	0	38.1% (80)	1.9% (4)
Franklin County Health Department	42.8% (343)	57.2% (458)	46.9% (376)	53.1% (425)	0	70.9% (568)	29.1% (233)	13.6% (109)	2.6% (21)	2.9% (23)	80.9% (647)	0
Manatee County Rural Health Services	Grantee did not have demographic data.											
Mental Health/Case Management												
Mental Health America of Northeast Florida	52.1% (73)	47.9% (67)	100.0% (140)	0	2.9% (4)	7.1% (10)	90.0% (126)	31.4% (44)	5.0% (7)	3.6% (5)	55.7% (78)	4.3% (6)
Volunteers in Medicine Clinic	26.4% (53)	73.6% (145)	100.0% (198)	0	0	0	100.0% (198)	5.1% (10)	12.6% (25)	0	80.8% (160)	1.5% (3)
Primary/Specialty Care												
Alachua County Health Department	Grantee did not have demographic data.											
Health and Hope Clinic	30.1% (477)	69.9% (1,110)	100.0% (1,587)	0	0	0	100.0% (1,587)	20.9% (331)	3.1% (49)	0	64.3% (1,020)	11.8% (187)
New Horizons of the Treasure Coast	57.1% (36)	42.9% (27)	100.0% (63)	0	6.3% (4)	15.9% (10)	77.8% (49)	27.0% (17)	1.6% (1)	3.2% (2)	66.7% (42)	1.6% (1)

Impact Grantee	Gender		Patient Type		Insurance Type			Race				
	Male	Female	Adults	Children	Private	Public	Uninsured	Black	Hispanic/ Latino	Multi- racial/ Multi- ethnic	White	Other
Universal Heritage Institute	36.6% (1,155)	63.4% (1,998)	90.6% (2,856)	9.4% (297)	0	0	100.0% (3,153)	16.0% (506)	18.4% (581)	2.0% (63)	8.2% (258)	55.3% (1,745)
We Care Jacksonville	44.4% (72)	55.6% (90)	100.0% (162)	0	0	0	100.0% (162)	42.0% (68)	12.4% (20)	3.7% (6)	40.8% (66)	1.2% (2)
Speech/Hearing and Vision												
Speech and Hearing Center	54.8% (850)	45.2% (700)	0	100.0% (1,551)	42.1% (635)	47.3% (713)	10.6% (160)	37.9% (576)	8.4% (127)	5.9% (89)	36.3% (551)	11.6% (176)
Vision is Priceless Council	34.9% (80)	65.1% (149)	99.1% (227)	0.9% (2)	1.7% (4)	0.4% (1)	97.8% (224)	24.0% (55)	20.1% (46)	0.4% (1)	48.9% (112)	6.6% (15)
Multi-Service												
Catholic Charities of Central Florida	45.2% (449)	54.8% (544)	100.0% (1,732)	0	0	0	100.0% (993)	13.7% (136)	28.5% (283)	1.5% (15)	50.1% (497)	6.2% (62)
Sundari Foundation	10.4% (64)	89.6% (553)	78.8% (486)	21.2% (131)	0.3% (2)	52.6% (322)	47.1% (288)	68.2% (421)	23.3% (144)	0	7.1% (44)	1.3% (8)
Numerator for All Grantees	4,171	6,319	8,029	3,200	667	2,068	7,707	2,472	2,530	261	3,975	2,219
Denominator for All Grantees	10,490		11,229		10,422			11,457				



## IMPACT Grantee Outcomes

Outcomes are a key component in evaluating performance. It is important to develop outcomes that measure what is of interest to the funding source as well as those implementing the funded project. Through discussions that occurred between the evaluation team and the Florida Blue Foundation, there were three major outcomes developed for the grantees: 1) increased service capacity, 2) increased access to care or completed services, and 3) increased number of unduplicated patients.

Performance is based on the percent to which the grantees have made progress toward meeting their targeted goals for each outcome as defined in its Outcome Measurement Methodology that the evaluation team developed with each grantee based on its Empowerment Matrix and approved by the Florida Blue Foundation. In the annual report, the evaluation team will assess overall progress toward meeting the targeted goals and the degree to which each grantee met its respective percentage increase over its baseline from 2012 for each of the three outcomes.

The methodology used to calculate each outcome measure is also important when reviewing outcome progress. In general, the methodology used across all grantees to measure each IMPACT grantee's three major outcomes was consistent. There were only minor differences implemented based on how each program operates. The goals for each outcome focused on expected increases associated with the IMPACT grant funding. All of the outcome achievement goals correspond with the entire year of the grant. The achievement levels for several of the grantees were lower than their targets for the year. This occurred due to variations in the initiation of services and delays reaching full implementation of each project. The progress of each grantee in 2013 on these three outcomes is displayed in Table 6 by grant category. Again, there were variations in their achievement with reasons being similar to what was noted in the grantee interim reports. A few of the grantees experienced delays in start-up due to unanticipated circumstances. In addition, one provider's grant (New Horizons) was restructured by the Florida Blue Foundation due to issues that presented themselves after the grant award. In this case, the restructuring resulted in service implementation being delayed until September 1, 2013.

In this section, we explain the methodology used for each major outcome and answer the question:

### **Did the IMPACT Grantees meet their outcomes in 2013?**

**Outcome 1 – Service/Healthcare Capacity:** In order to determine the first major outcome, a program's service capacity, the maximum potential number of patient visits was calculated. Typically, this calculation includes a determination of how many visits could occur per hour, how many hours each relevant staff person could work per day, and how many days the program is open each week and the number of weeks open during the year. These three estimates were multiplied to generate the service capacity. Among these grantees, the annual visitation capacity targets ranged from 628 at Vision is Priceless to 20,320 at the Universal Heritage Institute. Over the course of the year, the achievement of this outcome for all grantees combined (aggregate) was 65.3 percent. When the two grantees that have not yet implemented services are not included, the percentage achieved for the grantee combined



(aggregate) Outcome 1 is 93.8 percent. For grantees providing services, the range in achievement for this outcome extended from 23.4 percent at Community Aids Resource to 137.4 percent at Catholic Charities of Central Florida. Eight of the grantees achieved over 90 percent of their annual target. Both grantees in the Multi-Service grant category were at this achievement level.

**Outcome 2 - Completed Visits (Health Care Access):** The second major outcome, the completed visits outcome, was determined by examining a program's existing data (when available), taking a number of considerations into account, and then developing a goal for the number of completed visits each year. Many factors had to be considered, including the potential rate of cancelled appointments or patient "no-shows." The achievement targets for this outcome range from 332 at New Horizons of the Treasure Coast to 17,988 at Manatee County Rural Health Services. The achievement for this outcome for all grantees combined (aggregate) was 58.1 percent. When the two grantees that have not yet implemented services are not included, the percentage achieved for grantees combined (aggregate) for Outcome 2 is 102.5 percent. For grantees providing services, the range in achievement for this outcome extended from 31.8 percent for Community AIDS Resource to 175.2 percent at We Care Jacksonville. Nine of the grantees achieved over 90 percent of their goal. High levels of achievement for this outcome were observed across all of the grantee categories. Both grantees in the Multi-Service category were at the highest levels of achievement.

**Outcome 3 - Unduplicated Patients:** The final major outcome is the number of unduplicated patients the program sees during the year. This outcome includes a count for existing patients seen to date that the grantee had seen prior to January 1, 2013. There is also a count for new patients that is interpreted as those patients seen to date but only during 2013. This takes into account the increase in access to services provided to new patients through IMPACT grant funding. Program data was utilized in determining the potential performance in patient capacity for existing programs. Achievement goals for new programs were determined by looking at the potential number of visits and how many patients that would include. The achievement targets for this outcome with both existing and new patient counts included a range from zero, where a baseline is to be determined, to 8,175. The achievement for this outcome for all grantees combined (aggregate) was 61.3 percent. When the two grantees that have not yet implemented services are not included, the percentage achieved for grants combined (Aggregate) for Outcome 3 is 126.2 percent. Performance on this outcome was the highest among the three outcomes. Seven of the grantees achieved over 90 percent. High levels of achievement were observed across all IMPACT grant categories.

The IMPACT grantees reported having seen 10,520 unduplicated patients during 2013. Thirty-eight percent (3,955) were patients that had been seen in 2012. The remaining 6,565 (62%) patients seen in 2013 were new patients that had not been seen in 2012. Thus, there was a ratio of 1:1.66 for existing to new patients seen in 2013.

Some grantees chose to identify grantee specific outcomes beyond the three cross grantee outcomes required by the Florida Blue Foundation. These outcomes were developed by several grantees with the assistance of the evaluation team. Due to their close correspondence with the projects in each IMPACT grant, they vary across grantees. However, all are intended to measure growth in service



capacity or patient improvement related to the implementation of the IMPACT grant. They refer to specific types of health care or services, specific categories of volunteers, or partnerships with agencies in the geographic areas served. The measurement of these outcomes will not be indicative of performance until the end of the full grant period, two or three years; consequently, they are not reported at this time.

Overall, the grantees achieved their goals on service capacity, completed services, and unduplicated numbers of patients. It is acknowledged that outcomes are useful for a more formal and systematic review of performance and might be a new approach for measuring success for several grantees. Achievement levels were impressive given the challenges associated with implementation and the start-up of services.

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Table 6: Aggregate Outcome Table (January-December 2013)

	Increased Healthcare Capacity YTD			Increased Access to Healthcare YTD Completed Visits			Increased Number of Unduplicated Patients or Clients Seen YTD		
	Target	Achieved	%	Target	Achieved	%	Target	Achieved	%
	Target is the number from the targets table	This is the current year to date number achieved as of the report month	Achieved/Target	Target is the number from the targets table	This is the current year to date number achieved as of the report month	Achieved/Target	Target is the number from the targets table	This is the current year to date number achieved as of the report month	Achieved/Target
All Grantees	67650	44197	65.3%	44455	25809	58.1%	17162	10520	61.3%
Dental									
Children's Volunteer Health Network	2247	2342	104.2%	1498	2251	150.3%	749	786	104.9%
Community AIDS Resource	3108	726	23.4%	2058	655	31.8%	400	232	58.0%
Franklin County Health Department	2745	2717	99.0%	1830	799	43.7%	610	810	132.8%
Manatee County Rural Health Services <sup>1</sup>	17988	0	0.0%	17988	0	0.0%	8175	0	0.0%
Mental Health/Case Management									
Mental Health America of Northeast Florida	1175	1153	98.1%	1175	1153	98.1%	211	140	66.4%
Volunteers in Medicine Clinic	1344	1176	87.5%	1142	1077	94.3%	190	198	104.2%

<sup>1</sup> Grantee did not offer services in 2013.



	Increased Healthcare Capacity YTD			Increased Access to Healthcare YTD Completed Visits			Increased Number of Unduplicated Patients or Clients Seen YTD		
	Target	Achieved	%	Target	Achieved	%	Target	Achieved	%
	Target is the number from the targets table	This is the current year to date number achieved as of the report month	Achieved/Target	Target is the number from the targets table	This is the current year to date number achieved as of the report month	Achieved/Target	Target is the number from the targets table	This is the current year to date number achieved as of the report month	Achieved/Target
	Primary/Specialty Care								
Alachua County Health Department <sup>2</sup>	2592	0	0.0%	1296	0	0.0%	648	0	0.0%
Health and Hope Clinic	5904	3154	53.4%	4428	2011	45.4%	1771	1587	89.6%
New Horizons of the Treasure Coast <sup>3</sup>	663	385	58.1%	332	385	116%	117	63	53.8%
Universal Heritage Institute	20320	22304	109.8%	4830	7137	147.8%	2798	3070	109.7%
We Care Jacksonville	835	758	90.8%	375	657	175.2%	125	218	174.4%
Speech, Hearing and Vision									
Speech and Hearing Center	3987	3735	93.7%	3156	3596	113.9%	773	1591	205.8%
Vision is Priceless Council	628	477	76.0%	453	372	82.1%	266	229	86.1%

<sup>2</sup> Grantee did not offer services in 2013.

<sup>3</sup> Grantee only began offering services in October 2013.

	Increased Healthcare Capacity YTD			Increased Access to Healthcare YTD Completed Visits			Increased Number of Unduplicated Patients or Clients Seen YTD		
	Target	Achieved	%	Target	Achieved	%	Target	Achieved	%
	Target is the number from the targets table	This is the current year to date number achieved as of the report month	Achieved/Target	Target is the number from the targets table	This is the current year to date number achieved as of the report month	Achieved/Target	Target is the number from the targets table	This is the current year to date number achieved as of the report month	Achieved/Target
	Multi-Service								
Catholic Charities of Central Florida	3050	4192	137.4%	2880	3957	137.4%	0	992	N/A*
Sundari Foundation	1064	1078	101.3%	1014	1759	173.5%	329	604	183.6%

\* Catholic Charities of Central Florida did not have a baseline for the third outcome in 2013 and therefore, no percentage for this outcome was calculated for this grantee. The number of unduplicated persons served in 2013 will be their baseline for 2014.



## IMPACT Grantee Challenges and Approaches to Mitigate Challenges

In our communication with grantees, a substantial amount of time was devoted to identifying challenges, recruiting members of the target population, and implementing the services articulated in the proposals. Highlighting the challenges and barriers can assist the grantees and those providing technical assistance. The overall objective is to identify where assistance is needed and to improve the success of each grantee. Compiling this information over time will augment efforts to prepare for and avoid similar challenges among grantees in the future. In this section of the report, we answer the following questions:

**What challenges and barriers were encountered in recruitment of their target population and implementation of the grant project?**

**What approaches were developed to address/mitigate challenges and barriers? Were these approaches shared with other IMPACT grantees?**

In order to answer these questions, grantees were asked to share challenges that they encountered while implementing their projects. In addition, grantees were asked to share how they proposed to address these reported obstacles, or how they had already mitigated them if they were no longer an issue.

Representatives from each site verbally shared their challenges and successful solutions during conference calls with evaluators and Florida Blue Foundation staff in June and October 2013, and January 2014 and again in their interim reports entered into the IMPACT System in July 2013 and January 2014. Using these two sources, the evaluation team compiled lists that summarized the challenges for each of the five grantee categories. Table 7 displays the summary of IMPACT Grantee challenges.

**Table 7: Challenges by IMPACT Grantee Category, 2013**

Challenges by IMPACT Grantee Categories (First Half, Second Half of 2013)*	
Dental January-June 2013	<ul style="list-style-type: none"> <li>○ Technical difficulties integrating equipment and making systems compatible</li> <li>○ Slow response by vendors</li> <li>○ Reaching the target population due to its transient nature, lack of trust in government programs, and poverty</li> <li>○ Complicated HMO administrative procedures</li> <li>○ Finalizing mobile unit routes</li> <li>○ School administration not understanding the process or benefit of services</li> </ul>
Dental July-December 2013	<ul style="list-style-type: none"> <li>○ Required clarification on the forms and surveys used</li> <li>○ Getting word out that services are available</li> <li>○ No-shows</li> <li>○ Repairs and maintenance for mobile unit</li> <li>○ Difficulty reaching transient populations</li> </ul>



### Challenges by IMPACT Grantee Categories (First Half, Second Half of 2013)\*

	<ul style="list-style-type: none"> <li>o Trying to understand managed care roll-out of dental services</li> <li>o Difficulty reaching uninsured children</li> <li>o Technical difficulties involving new EMR system – integrating EMR Axiom with EMR Dentrax</li> <li>o Non-renewal of contracts with NOVA which was an important funding source</li> </ul>
Mental Health January-June 2013	<ul style="list-style-type: none"> <li>o Defining appropriate target populations for enrollment</li> <li>o Homeless shelters having their own system of mental health care</li> <li>o Unreliable and expensive transit systems</li> <li>o Expensive medications that affect client's access to them and their ability to remain stable</li> <li>o Difficulty in contacting transient populations</li> <li>o Educating volunteer healthcare practitioners</li> <li>o Making appropriate referrals</li> <li>o Delay in hiring grant staff</li> <li>o Electronic records and handling paperwork properly</li> <li>o Survey collection</li> </ul>
Mental Health July-December 2013	<ul style="list-style-type: none"> <li>o Difficulty reaching transient populations</li> <li>o Volunteer psychologist resigned unexpectedly</li> <li>o Identifying "good fit" when recruiting another psychologist</li> <li>o Volunteer shortage</li> <li>o Understanding how Affordable Care Act will affect their clients</li> <li>o Facility problems – office space lacks the privacy needed in a clinical setting</li> <li>o Difficulty determining the most appropriate patients who will benefit from the services</li> <li>o Homeless shelters having their own system of mental health care</li> <li>o Problems locating transient patients for follow up and medication refills after discharge</li> <li>o Need for services outweighs capacity</li> </ul>
Multi-Service January-June 2013	<ul style="list-style-type: none"> <li>o Accessing specialty care expeditiously as needed</li> <li>o Addressing health issues in a timely manner for those without insurance or money</li> <li>o Numerous staff changes and delays in recruitment and hiring</li> <li>o Out-dated information technology, with some clinics only processing paperwork manually</li> <li>o Patient no-shows and cancellations</li> </ul>
Multi-Service July-December 2013	<ul style="list-style-type: none"> <li>o Need for services outweighs capacity – extremely needy population</li> <li>o Difficulty accessing psychiatric care</li> <li>o Keeping consistent schedule for nurses/doctors difficult</li> <li>o Transcribing doctor notes—need more volunteers for this purpose</li> <li>o When there is staff turnover, need to educate new staff on reporting formats</li> <li>o Learning requirements for the Affordable Care Act</li> <li>o Accessing specialty care expeditiously as needed</li> </ul>
Primary/Specialty January-June 2013	<ul style="list-style-type: none"> <li>o Unexpected turnover in staff</li> <li>o Difficulties in staff classifications</li> <li>o Limiting and reducing no-shows</li> <li>o Conversion from a volunteer-driven part time clinic to full time, professional multi-provider clinic</li> <li>o Staffing on limited budget</li> <li>o Difficulty in contacting patients</li> <li>o Relying on homeless shelters and missions to feed populations with chronic diseases that require</li> </ul>



### Challenges by IMPACT Grantee Categories (First Half, Second Half of 2013)\*

	<ul style="list-style-type: none"> <li>specialized diets</li> <li>Lack of mental health providers willing to volunteer their time</li> <li>Getting clinics, providers, and patients to understand the role of case management</li> <li>Inability to access patient records</li> <li>Delay in start date due to clinic renovation not progressing as planned</li> <li>Local job seekers that are not able to fulfill requirements of open positions</li> </ul>
Primary/Specialty July-December 2013	<ul style="list-style-type: none"> <li>Problems with medication compliance due to transient nature of the homeless population</li> <li>Problems stemming from public opinion on homelessness</li> <li>Staying in touch with and finding homeless population</li> <li>Limiting and reducing no-shows</li> <li>Challenges in contracting with third party insurance companies</li> <li>Technical difficulties involving new EMR system</li> <li>Delays from moving to a new facility or renovating an old facility</li> </ul>
Speech/Vision/ Hearing January-June 2013	<ul style="list-style-type: none"> <li>Operating with limited staff</li> <li>No-shows and cancellations due to client illness and transportation issues</li> <li>Waiting on completed permission slips from parents</li> <li>Providers waiting to receive credentialing from Medicaid to proceed with client treatment</li> <li>Loss of time and travel due to false confirmations from daycares</li> <li>Delay in doctor recruitment</li> <li>Programmer unavailable to upgrade in-house client-level databases</li> </ul>
Speech/Vision/ Hearing July-December 2013	<ul style="list-style-type: none"> <li>Limited staff resources to educate and recruit doctors</li> <li>Problems extending vision care to rural areas outside the city</li> <li>Limited functionality of database in keeping track of patients leading to duplicate patients in system</li> <li>Difficulty reporting number of volunteer doctors (the reporting tool in place does not specify when or how often doctors volunteer)</li> <li>The previous tool was over referring children for unnecessary evaluations-now that they have updated the tool there are less evaluations than expected in the initial goal</li> <li>Challenges reaching uninsured children</li> <li>Paperwork processes hinder turnaround time (credentialing restricted ability to evaluate and treat patients with Sunshine State Health Medicaid)</li> <li>Problems differentiating between IMPACT and in house referrals – primary care providers do not label referrals from IMPACT - need to revise referral forms</li> </ul>

\* Comments in rows shaded gray are from the first half of 2013. New challenges during the second half of 2013 are in white rows.

Using the above list compiled for each grantee category, the evaluation team identified several obstacles that appeared to be common across two or more grant categories. Some of the more frequently encountered challenges were sorted into seven categories, which are presented in Table 8. Several “unique” challenges that were only experienced by certain sites and did not fit within any of the major groups are not included in this table.



**Table 8: Summary of Challenges across All IMPACT Grantee Categories, 2013**

Challenges Across IMPACT Grantee Categories, 2013
<b>Difficulty in Contacting Transient Population</b>
Difficulty in reaching out to or following up with target populations due to their transient nature, a lack of patient trust in government programs, and/or poverty has been a significant challenge for some grantees.
<b>Health Insurance Complexity</b>
Expensive medications often prevent many clients from accessing the medications, affecting their ability to remain stable, therefore complicating their treatment by grantees. Complicated HMO administrative procedures continue to make it a challenge for providers to access specialty care as expeditiously as patients need it. Addressing health issues for those without insurance or money in a timely manner was also complicated by delays related to provider certification and patient documentation required in Medicaid policies.
<b>Information Technology</b>
Technical difficulties experienced included delays in integrating equipment and making multiple electronic systems compatible with one another, or addressing out-dated information technology or manual paperwork processing that required revisions.
<b>Staff Recruitment, Turnover or Maintenance</b>
In some cases, there were no local professionals available to fulfill the requirements of needed positions, or there were no or an insufficient number of individuals willing to volunteer their time. There were numerous staff changes and unexpected turnovers, in addition to delays in recruitment and hiring of medical professionals and grant staff. Operating with limited staff or staffing on a limited budget in general also presented some problems for some grantees.
<b>Facility Problems</b>
Some delays in project start dates have been due to interruptions in building renovations, vendor unavailability, or slow responses from potential vendors in the bidding process. Mobile units were not necessarily ready on time and not equipped to reach the target populations. Additionally, many grantees complained that the facility they were using was problematic because the space was not intended for clinical work and often lacked the privacy needed in a medical setting.

As stated previously, grantees were asked to share how they proposed to address any challenges experienced, or how they had already mitigated these challenges if they were no longer an issue. Using the conference calls in June and October 2013 and January 2014 and the grantee interim reports submitted in July 2013 and January 2014, the evaluation team developed Table 9 as a summary of the mitigation strategies in each of the five IMPACT grantee categories.

Exemplary innovative solutions to challenges were developed during 2013 by IMPACT grantees. Several identified during the first half of 2013 are mentioned here. One example was shared by Mental Health America of Northeast Florida (MHANF). In facing the challenge of not being able to get in touch with a very transient patient population, staff members adjusted the enrollment form to collect contact information from two family members or close friends instead of one. Not only did this increase patient



accessibility, it also involved family members more in the treatment plan. A second example was provided by the Jacksonville Speech and Hearing Center. When the center experienced delays due to waiting for completed permission slips from parents, staff began visiting sites around closing time to remind parents to complete the forms, a follow-up effort that was more engaging than other methods and which additionally helped them develop an effective rapport with daycare staff. A final case highlighted in the first half of 2013 is We Care Jacksonville. Because they relied on shelters to feed the homeless portion of their patient population with chronic diseases that required specialized diets, the site started working with local mission houses and kitchens to explore the possibility of providing diabetic friendly meals (with fewer carbohydrates than those typically offered by providers of food assistance) to those in need.

During the second half of 2013, there were additional strategies to mitigate challenges shared by IMPACT grantees. One of the challenges mentioned by several grantees was “no shows.” After making appointments, patients and clients were not showing up for their appointments. Volunteers in Medicine and Community Aids Resource shared their success with this challenge in the form of a policy that set patient requirements and consequences. The strategies included calling patients in advance as a reminder, overbooking appointments with the expectation that there could be a 20 percent “no show” rate, and maintaining a list of people who had appointments scheduled for another time but had flexible schedules and could respond quickly to a new appointment time that was open due to a “no show.”

Another challenge that was important to mitigate was the recruitment of doctors to volunteer in areas that were previously not served or difficult to reach geographically. According to Vision is Priceless, this challenge was addressed by asking doctors currently volunteering to network and contact their colleagues to fill the professional gaps.

Serving the homeless population was often a challenge mentioned by IMPACT grantees. We Care Jacksonville shared their success partnering with an existing mobile unit that worked with the homeless population in the same geographic area. This mobile unit was familiar with the population and their locations which made it possible to reach them and monitor medication.

Educating target populations and others in the community was another challenge. Volunteers in Medicine mentioned their strategy to develop educational videos regarding their services that were played in their clinic waiting room. Finding student volunteers to transcribe and scan physician notes was another strategy mentioned for allowing doctors to serve more patients.

**Table 9: Mitigation Efforts by IMPACT Grantee Categories, 2013**

Mitigation Efforts by IMPACT Grantee Categories (First Half, Second Half, 2013)*	
Dental January-June 2013	<ul style="list-style-type: none"> <li>o Aggressive promotion of services and advertising</li> <li>o Changing Request for Proposal (RFP) to appeal to more vendors</li> <li>o Building and maintaining relationships with school administration to increase receptivity to services</li> </ul>
Dental July-December 2013	<ul style="list-style-type: none"> <li>o Large scale advertising – radio, TV, billboards, mailings, and community outreach</li> <li>o Presentations at schools about proper dental hygiene</li> <li>o To avoid no-shows, call in advance as a reminder; overbook knowing a certain percentage</li> </ul>



## Mitigation Efforts by IMPACT Grantee Categories (First Half, Second Half, 2013)\*

Mental Health January-June 2013	<p>(20%) will not show; contact people who can get to the clinic quickly in order to fill no-show appointments</p> <ul style="list-style-type: none"> <li>○ Identify a mechanic that can maintenance a mobile clinic and repair a mobile unit quickly</li> <li>○ Assistance with HMO administrative procedures</li> <li>○ Public outreach at public school functions, health fairs, and parades</li> <li>○ Work with marketing program within the agency to promote the project through a voucher program that offers discounted services to</li> <li>○ Integrated previously used EMR with new EMR</li> <li>○ Diversify funding sources by applying for more grants</li> <li>○ Contact Mobile Health Clinic Association for information on managing a mobile unit</li> <li>○ 4 new mobile units in high need locations</li> <li>○ Creating resource guides for clients</li> <li>○ Building relationships with inpatient facilities and homeless shelters to increase client referrals</li> <li>○ Contacting the transportation authority to discuss free/reduced options</li> <li>○ Working with pharmaceutical companies to identify client eligibility for free/reduced cost medication programs</li> <li>○ Working with local resources who offer other financial assistance as short term solutions until long term issue of insurance is finalized</li> <li>○ Adjusting the enrollment form to allow patients to enter contact information for two family members or close friends instead of one</li> <li>○ Providing awareness through training, electronic newsletters, program website and social media sites</li> <li>○ Improving survey collection methods with one set of distributors, alerts in data system, and confidential collection envelopes</li> </ul>
Mental Health July-December 2013	<ul style="list-style-type: none"> <li>○ Psychiatric nurse practitioner has taken on the patients that were no longer receiving care after the volunteer psychologist resigned</li> <li>○ Contact and work with "navigators" on the Affordable Care Act</li> <li>○ Hire a new volunteer psychologist by February 15, 2014</li> <li>○ Move staff offices around to put aside office space with a door that provides privacy and security to the patients</li> <li>○ 12 week Health and Mental Wellness program created by clinical director consisting of exercise and health education</li> <li>○ Work with the Crisis Stabilization Units discharge team to identify the most appropriate clients to be referred</li> <li>○ Documenting contact information of a close relative or friend upon intake of the patient if the patient is transient</li> <li>○ To avoid no-shows, have a policy that terminates enrollment of client after missing 3 appointments; Provide courtesy reminder call before appointment</li> </ul>
Multi-Service January-June 2013	<ul style="list-style-type: none"> <li>○ Community outreach</li> <li>○ Expanding relationships to secure needed care and resources</li> <li>○ Building strong relationships with community providers and volunteers who provide medical care, referrals, treatment and programming</li> <li>○ Creating a team dedicated solely to health and wellness needs to assist in the coordination and tracking of referrals, appointments, transportation and childcare</li> <li>○ Recruiting volunteers from churches</li> <li>○ Allocating funds in budget to boost volunteer recruitment and expansion</li> </ul>
Multi-Service July-December 2013	<ul style="list-style-type: none"> <li>○ Collaboration with local Federal Qualified Health Centers</li> <li>○ Partnership with a medical lab provided free biopsies each month</li> <li>○ Arranging for students to get credit for transcribing medical notes; scanning written notes</li> <li>○ Expanding relationships with the community providers and volunteers who provide medical</li> </ul>



## Mitigation Efforts by IMPACT Grantee Categories (First Half, Second Half, 2013)\*

Primary/ Specialty January-June 2013	<ul style="list-style-type: none"> <li>care, referrals, treatment, and programming essential to the program</li> <li>○ Counselors meet weekly with every woman and child in the program</li> <li>○ Hiring alumnae of the program for the current staff</li> <li>○ Operations managers undergo Behavioral Health Tech training to improve staff ability to address the high special needs of those served</li> <li>○ Bringing in a consulting partner to work out issues in the in-house data system</li> <li>○ Using word of mouth to advertise improved care and gain new referrals</li> <li>○ Creating meaningful documentation about shared patients</li> <li>○ Meeting with the county to encourage any possible acceleration of the construction project</li> <li>○ Scheduling a mobile clinic to visit nearby area to serve target clients</li> <li>○ Offering limited transportation assistance for some clients who were recently in the ER</li> <li>○ Linking up with more referral sources and creating more partnerships</li> <li>○ Working with local missions shelters to provide more diabetic-friendly meals</li> </ul>
Primary/ Specialty July-December 2013	<ul style="list-style-type: none"> <li>○ Meeting with homeless patients at the shelter and in common "hangouts" to be in their "comfort zone" and ensure they have enough medication and are compliant</li> <li>○ Working with mobile unit that serves the homeless population and knows where they are located in the geographic area</li> <li>○ Starting using Net Smart for electronic records Website for this application is <a href="http://www.ntst.com/">http://www.ntst.com/</a></li> <li>○ Medical alert tags and bracelets for diabetic and anticoagulation patients</li> <li>○ Put Impact Client Surveys in intake packet</li> <li>○ Keeping sub-contracting in mind in efforts to staff clinics</li> <li>○ Work with third party companies in working through credentialing licensing concerns</li> <li>○ New cycle of advertising began at the beginning of 2014</li> <li>○ Quarterly EMR training sessions for volunteers</li> <li>○ Mobile unit to service area at least one day per week to service the area prior to completion of the building renovation</li> </ul>
Speech/Vision/ Hearing January-June 2013	<ul style="list-style-type: none"> <li>○ Visiting sites around closing time to remind parents to complete permission slips</li> <li>○ Tag teaming on follow-up efforts with parents through reminder phone calls and developing more effective rapport with daycare staff</li> <li>○ Collaborating with free medical clinics that have the same target population</li> <li>○ Refocusing existing program to support growth of new program</li> <li>○ Sending patients in need of immediate care to specialty doctors contracted with the county</li> </ul>
Speech/Vision/ Hearing July-December 2013	<ul style="list-style-type: none"> <li>○ Contracted volunteer doctors to reach out to their colleagues</li> <li>○ Updating educational materials, including websites, to provide potential volunteers with comprehensive information</li> <li>○ Modified staffing structure in an organization to make it more unified and easier for reporting purposes</li> <li>○ Sending rural area clients into larger counties for services</li> <li>○ Partnering with clinics in the community to reach targeted demographic</li> <li>○ Hosting lunch and learns at prospective volunteers offices</li> <li>○ Restructuring of organization to best support staff and community</li> <li>○ Partnership with vision care provider to receive donated glasses</li> <li>○ Updated database to track each client's information and services, as previously it only tracked services. This helps to avoid duplicate clients.</li> <li>○ Making staff more visible at daycare pick up time in order to have direct rapport with the parents and establish accountability with them</li> <li>○ Consolidating clinic visits in one site or area of town per day as opposed to going to multiple daycares across town</li> </ul>

\* Comments in rows shaded gray are from the first half of 2013. New challenges during the second half of 2013 are in rows with the white background.



## Human Interest Cases Served by IMPACT Grantees

The following table presents human-interest cases submitted for 2013 by grantees. These narratives describe how the grantee programs have affected individual lives. Many of the patients served by these programs have the greatest need in the target populations. Many had not had health care for long time periods and had severe health problems, ranging from tooth decay to AIDS. These narratives present the grantee's successes from an individual's perspective. They also reveal the extent to which their services for individuals can affect families and communities in a positive way.

**Table 9. Human Interest Cases Submitted by Several IMPACT Grantees, 2013**

Dental IMPACT Grantee Category
<p><b>Children's Volunteer Health Network</b></p> <p><i>I visited the Mobile Dental Clinic to see the bus in action while treating kids at a local elementary school. I had the opportunity to observe the kids being treated and helped walk the kids back to their classrooms after their treatments were completed. The dentist on the bus that day showed me x-rays of a 3rd grade little girl who had nine severely decayed teeth. Some were broken and decayed to the point of having just a stub of the tooth showing. All I could think is how could a 3rd grader be going through that type of pain every day? How could she pay attention in school? How could she function?</i></p> <p><i>I learned that she had visited the bus five times over the course of three weeks in order to spread out the pain of the procedures required. I also learned that today was a special day because it was her last scheduled procedure. Our staff told me she was frightened the first couple of times she visited the bus; however, as I watched her interact with our staff, I noticed that she had become very comfortable. Her smile and positive attitude was amazing to witness after seeing those x-rays.</i></p> <p><i>Our staff completed the procedure and as we were walking her back to the classroom she said, "I know my Mom couldn't afford to fix my teeth, but you did it anyway and I want you to have this." She reached into her pocket and handed me a quarter.</i></p> <p><i>I, of course, politely returned the quarter to her. However, I keep a quarter on my desk to get me through the tough days. That quarter is a reminder to all of us why we are doing this work. When an eight year old little girl is in pain and has to worry about being able to afford dental care, it is time for a community to come together and find a solution. CVHN has given this little girl a reason to smile and although she will surely encounter many other obstacles in her life, she now has hope for the future.</i></p>
<p><b>Franklin County Health Department</b></p> <p><i>We have successfully placed 377 sealants on children within in the community. And just to share a couple of our 100% successfully served cases at our land based clinic, we have had a young adult that was on the brink of having irreversible damage from decay and a young under privileged girl who had rampant decay throughout her dentition. Both aforementioned patients complied with all appointments in a timely manner which directly affected their ability to eat and retain teeth that are pertinent for maintaining proper spacing and a healthy dentition, as well as their overall health. These patients are totally caught up on all recommended treatment and continue to see us on a routine basis. Without our services, these patients were on a sure path to losing multiple teeth prematurely that are necessary for a healthy lifestyle as an adult.</i></p>



## Mental Health/Case Management IMPACT Grantee Category

### Mental Health America of NE Florida

*This was emailed to our coordinator:*

*Hi. I just wanted to email you to say thanks for the mountain of information you provided me in April. As a result of your help, I was able to get free weekly psychotherapy and work with Shands Psychiatry to manage my antidepressant medication. I would have been lost while searching on my own. I'm still in weekly therapy and taking my meds and seeing a psych provider.*

### Volunteers in Medicine Clinic

**Story 1:** A female patient in her mid-thirties who started psychiatric services with a previously undiagnosed bipolar disorder has been a patient for nine months. Through weekly sessions, she is a true success story by getting her life back on track. Relationships with family members are being reconciled and are more positive. Her work ethic has steadily increased and she has returned to college completing course work to become a radiology technician. She is working through the steps to overcome alcoholism and is currently sober. Her relationship with her children has moved in a positive direction.

**Story 2:** An unemployed, female patient in her mid-fifties, who has been highly anxious and underemployed for quite some time, has made great strides. After working with our psychiatric nurse practitioner and the psychologist for seven months, she is more relaxed and confident; was focused on finding a job; and has now been successful in maintaining a new employment position. This patient will be discharged from the VIM Clinic because she sought and now has insurance through the Affordable Health Care Act.

**Story 3:** A fifty year old male patient who previously had eight years sobriety, who had a relapse was taken on as a patient. After working with him for eight months, the patient agreed to seek a detox treatment at a local facility. He is currently three weeks sober; his blood pressure has improved to normal range and he is actively working a program with a sponsor while being treated at the clinic for depression and anxiety.

## Multi-Service IMPACT Grantee Category

### Sundari Foundation

*Here is the story of a Lotus House guest for whom the services of Lotus House and our health and wellness team were truly life changing. She came to Lotus House after being homeless for years. She was sleeping on the sidewalk nearby when she was referred to the shelter. She had advanced AIDS, with no medications, treatment, or insurance. She had suffered a stroke the prior year that left her unable to use her hands and very unstable when walking. She also had brain tumors. She had no food stamps, and ate 3 meals right when she came in because she was so hungry. She had truly "slipped through the cracks." The Lotus House Health and Wellness Director immediately connected her with a local FQHC that provided the care for her HIV that she so desperately needed. Constant communication with doctors and nurses was necessary to understand the extent of her healthcare needs and everything needed to carry out this desperately needed care plan. Additional care was arranged to ensure her recovery from the stroke expedited and she received all the medical and mental health care she needed, including prescriptions. She began gaining weight and improving her stability. The Lotus House team gathered her medical records and advocated with the Social Security Administration, applying with her for benefits. She was approved, and together with her SSI benefits, received Medicaid for her critical health needs. Her health, though still very fragile, has improved dramatically while at Lotus House. She became healthy*



enough that she could walk without a walker, write her own name, live independently, and moved into her own apartment toward the end of 2013. She is still in her own apartment, but comes to visit, and continues to access the health care system and manage her medications. We are grateful beyond words to the Blue Foundation for allowing us to provide women like her with the services so desperately needed for a better way of life.

#### Primary/Specialty Care IMPACT Grantee Category

##### New Horizons of the Treasure Coast

*In the mental health arena, the need to call 911 is avoided at all cost, as it is so distressful to the client. We had one client come for medical treatment to the primary care clinic. His glucose level was extremely high and it was necessary to call 911. The clinic also contacted his father as well as his case manager. He was assured everyone would be there to be with him, and once stabilized, he would return for additional care at the clinic. Once he was discharged, he returned with his father. His father shared that he was so grateful that this service was in place and that his son was finally able to get the care that he needed. That everyone worked together and his son can get the complete care he needs.*

##### We Care Jacksonville

*From the small successes to the large, daily we are seeing the effectiveness of case management with both the chronic diseases and behavioral disorders, with many patients falling into both categories. From the noncompliant diabetic patient who did not care enough about herself to control her diabetes, after case management's intervention by encouragement and identifying the depression and getting her into behavioral health services, she has been successful in bringing her HgbA1c from 12 down to 7 in 3 months. From the homeless diabetic patient who, through education, monitoring and support was able to go from insulin dependent to oral meds only and has now become the poster child for diabetes, educating and encouraging others at the shelter about the disease. From the diabetic, hypertensive patient with a seizure disorder and depression who has been able to control all of the above with education, encouragement and the establishment of a medication box filled weekly for him by the RN case manager, we continually see improvement and strides made by patients with case management services, thereby reducing hospital admissions, ED visits, and overall improving the quality of life of the people we serve.*

#### Speech, Hearing and Vision IMPACT Grantee Category

##### Jacksonville Speech and Hearing Center

*The SYNERGY! The screenings have boosted the number of referrals. The impact is showing greatly through the therapy and evaluations done both at the center and within the day care sites. We have screened children in day care sites who are now being treated at the center for speech therapy. Another in-house speech and language specialist has evaluated children at the center who are now being seen at the day care sites due to transportation issues. In another instance, a private pay screening director heard of the Jacksonville Speech & Hearing Center from a director who had participated in the free screenings we provided at the day care site. Overall, we are better equipped and able to meet the needs of the families and impact the child's functional needs by serving them in the setting where they spend the majority of their day. As a result, we are educating their teachers who are now better informed about the early warning signs of speech and language delay.*



## Vision is Priceless

*We had a client that was living at an emergency, transitional shelter who was working towards obtaining her GED, but was unable to see. After her vision screening, it was determined her vision was so bad that she was actually legally blind. Our case manager scheduled her appointment for an eye exam and prescription glasses. The client called us soon after to let us know how grateful she was! She was able to go back to class to work on her GED and said she can now see the board in class! She also told us she was able to live more independently, as she can complete paperwork on her own that she needs to apply for resources.*

*One of our clients who received the "Gift of Sight," our cataract surgery program, was so grateful for the services; he told us "next to the birth of my daughter, this was the best day of my life!" He was very emotional and thankful as immediately upon receiving cataract surgery, you can regain your vision. The client is currently in a rehabilitation program and taking classes to go back to work upon completion of his program.*

## Collaboration with Community Partners

Collaboration as a model for planning, developing, and implementing innovative solutions for solving complex social problems is not new in the community research literature. Defined as a "cooperative way that two or more entities work together toward a shared goal," collaboration has received wide acclaim as a desirable infrastructure for addressing and solving complex social problems (Gajda, 2004, p. 65). It can be groups of individuals from different organizations who have a common goal or cause that draws them together (Jasuja, Chou, Bernstein, Wang, McClure, & Pentz, 2005).

The benefits of collaborating are well established. According to Jasuja, et al. 2005, "the philosophical foundation of coalition building is based on the belief that by bringing multiple community sectors together to share resources and planning can generate widespread support for action and also provide a vehicle for solving problems that may be too complex to be solved by a single agency" (p. 174). Collaboration and the relationships it fosters can be catalysts for change in policies, program, and practices. Reviews of implementation research identify "shared decision making" among providers, researchers, administrators, and community members as a major factor leading to better implementation (Durlak & DuPre, 2008). Strategies working with "external" partners have been identified as one of several "drivers" in the sound implementation of initiatives and evidence-base programs (Fixsen, Naoom, Blasé, Friedman, & Wallace, 2009). High levels of coordination have also been linked to better performance on program outcomes (Jennings & Ewalt, 1998). As an additional claim regarding performance, Gajda (2004) asserts that collaborative effort is the "primary method for achieving ideal short and/or long-term goals that would not otherwise be attainable as entities working independently" (p. 65).

Based on what is understood about collaboration among partners in a community, it is considered desirable for grantees to collaborate. In this section of the report, we answer the following question:

**Did collaboration between the IMPACT grants and partners in the community occur?**

In order to answer this question, the evaluators referred to the conference calls with the grantees and the two interim reports submitted by each grantee. It was expressed by several grantees that collaboration with community partners was of the utmost importance. It was also claimed that without community partners, referrals to providers in order to meet several needs of the clients would not be possible. Some of these partners were agencies such as, Healthy Start, Healthy Families, WIC, and Head Start. Community partners were also recognized as vital in facilitating the recruitment of members of their target populations. Examples of these partners for several grantees included schools, local churches, and after-school programs. Health and Hope received a substantial contribution from a church that led to the construction of a new clinic for their services. Partnerships with hospitals were also important. Mental Health America was able to expand their mental health case management services due to their communication with Shands Hospital at the University of Florida. One grantee mentioned a local television station as an important partner in communicating with the target population about the available services provided by their grant.

The benefits of collaborating with partners similar to those mentioned in the research literature were also articulated by the grantees. One benefit shared was ensuring smoother transitions for the clients when they are served by multiple providers in a more holistic approach to care. Relying on community partners can improve the feasibility of providing a major service or type of care as well as meeting multiple basic needs. Catholic Charities of Central Florida was one example of a grantee that emphasized the importance of these community collaborations to provide a wide range of services. We Care Jacksonville collaborated with other homeless population service providers in a geographic area. This collaboration improved their efforts in locating their target population and monitoring their medical care.

Collaborating with private care providers was mentioned as an example of a fiscally beneficial collaboration. Vision is Priceless collaborated with a vision care provider and was able to provide free eyeglasses for members of their target population. Collaboration with a medical laboratory was another example of a fiscal benefit in the form of free biopsies for their patients.

As a final example of collaboration mentioned here, a national association was a source of information identified to improve the management of mobile health clinics. In the dental grantee category, delays and challenges with mobile dental clinics were mentioned. The Mobile Health Clinics Association was identified by an IMPACT grantee as a good source of information for addressing issues with mobile clinics. The association website is <http://www.mobilehealthclinicsnetwork.org/welcome.php>.

## **IMPACT Grantee Leveraging**

### **Additional Funding and In-kind Contributions**

The ability of the grantees to use their grant to leverage additional resources is of particular interest. Leveraging can exist in the form of requesting donations from private donors or applying for grants that provide additional funding. It can also be in the form of gaining access to donated



equipment, supplies, buildings, medications, or other resources needed for serving target populations. The question answered in this section of the report is:

**Were the IMPACT grants used to leverage an expansion in resources and services?**

In order to answer this question, the evaluators relied on information submitted by grantees in the IMPACT System, in their interim reports, and comments shared during the grantee conference calls. There were two major questions addressing leveraging on the grantee interim reports. The questions and corresponding responses among the IMPACT grantees appear in Table 10.

**Table 10: Leveraging Questions on the IMPACT Grantee Interim Report, 2013**

Leveraging Questions	Yes	No
Have you used the experiences of grant dollars from this project to garner other grants or funding? (Example is "matching")	53% (8)	40% (6)
Were you able to leverage other resources to support the work of this funded project such as equipment, donated supplies (including medication)?	33% (5)	53% (8)

Note: Percentages were based on all 15 grantees.

Based on the responses to the questions in Table 10, about half of the grantees engaged in leveraging additional grants or gaining access to other resources in the form of equipment or supplies. Examples of leveraging were also shared during the conference calls with the grantees.

Table 11 displays the funding amounts received in additional grants for seven grantees. These amounts were reported in the IMPACT System. Most of the funding sources are private foundations. The total amount leveraged in grant funding reported by the grantees was \$722,402. The purposes specified for these sources of funding included staff, facilities, equipment, travel, training, supplies, and information technology and for one grantee, the purpose was a communications campaign.

**Table 11: Additional Grant Funding Received by IMPACT Grantees, 2013**

IMPACT Grant	Date Funding Received	Name and Source of Additional Grant	Funding Amounts	Purpose of Funding
<b>Children's Volunteer Health Network</b>	7/31/12	Destin Charity Wine Auction Foundation	\$179,000	Facilities, Equipment
	8/22/13	Destin Charity Wine Auction Foundation	\$139,000	Facilities, Equipment, Program related expenses such as eye glasses
	3/15/13	The Kroger Foundation	\$10,000	Staff

IMPACT Grant	Date Funding Received	Name and Source of Additional Grant	Funding Amounts	Purpose of Funding
<b>Health and Hope Clinic</b>	2/26/13	Diabetes Education	\$2,500	Equipment
	7/30/13	Clinic Manager + EMR	\$13,000	Staff
	1/2/14	CVS Caremark	\$35,000	Facilities, Equipment
<b>Mental Health America of Northeast Florida</b>	6/1/13	Mental Health Communication and Outreach Initiative	\$105,225	Communications Campaign
<b>Speech and Hearing Center</b>	5/29/13	Speech/Therapy Tools for Pre-K Underserved Children (Medtronic Foundation)	\$10,000	Staff, Marketing, Travel/Mileage
	4/1/13	The Chartrand Family Fund (The Community Foundation in Jacksonville)	\$43,750	Staff, Equipment, Marketing, Travel/Mileage
	10/15/13	Expanding Access to Pre-K Children for Hearing and Speech Health (Medtronic Foundation)	\$50,000	Staff, Equipment, Marketing, Travel/Mileage
<b>Universal Heritage Institute</b>	3/15/14	University of Miami CMS SubAward	\$42,127.45	Staff
	3/15/14	University of Miami AHEC Quit Smoking Now Program	\$15,000	Staff, Sub-Contractor for Program
<b>Vision is Priceless Council</b>	11/19/12	Case Manager and IT Support (Riverside Hospital Foundation)	\$50,300	Staff, IT Upgrades
	3/18/13	Extended Outreach Program (The Sontag Foundation)	\$25,000	Staff, Travel, Training, Consultant, Supplies
<b>Volunteers in Medicine Clinic</b>	2/15/13	Donation (Private Donor)	\$2,500	Program Support
<b>7 IMPACT Grantees</b>		Primarily Foundations	\$722,402.45	Multiple purposes

In addition to the acquisition of additional grant funding, four grantees were able to leverage donations in the form of services, supplies, and facilities. The estimated monetary value of these in-kind contributions was \$873,800. The largest single in-kind contribution was recorded by Health and Hope Clinic in the form a new clinic valued at \$640,000.

### **Reliance on Volunteers among the IMPACT Grantees**

The reliance on volunteers in the implementation of the IMPACT grants is a key feature and vital to the provision of health care and services. Several grantees mentioned the reliance and recruitment of



volunteers in their proposals and have outcomes to monitor their progress. Based on data entered in the IMPACT System by the grantees and displayed in Table 12, there were 22,610 volunteer hours logged for all grantees combined in 2013. Universal Heritage Institute reported the most volunteer hours at 7,359, followed by the Catholic Charities of Central Florida at 6,890. IMPACT grantees utilized 544 volunteers in 2013. Of the volunteers recruited in 2013, 26 percent (139) were people who volunteered for the first time with the IMPACT grantees. The highest number of new volunteers was reported by the Sundari Foundation at 83. Seven of the grantees reported new volunteers for 2013.

**Table 12: Volunteers in IMPACT Grantees by Grant Category, 2013**

IMPACT Grantee	Total Volunteer Hours	New Volunteers	Existing Volunteers
<b>All Grantees</b>	<b>22610</b>	<b>139</b>	<b>405</b>
<b>Dental</b>			
Children's Volunteer Health Network	302	6	22
Community AIDS Resource	0	0	0
Franklin County Health Department	0	0	0
Manatee County Rural Health Services	0	0	0
<b>Mental Health/Case Management</b>			
Mental Health America of Northeast Florida	0	0	0
Volunteers in Medicine Clinic	384	0	1
<b>Primary/Specialty Care</b>			
Alachua County Health Department	0	0	0
Health and Hope Clinic	3794	4	52
New Horizons of the Treasure Coast	0	0	0
Universal Heritage Institute	7359	23	27
We Care Jacksonville	16	1	0
<b>Speech, Hearing and Vision</b>			
Speech and Hearing Center	494	0	0
Vision is Priceless Council	234	18	13
<b>Multi-Service</b>			
Catholic Charities of Central Florida	8739	4	253
Sundari Foundation	1288	83	37

Table 13 displays the monetary value of a volunteer hour for several professional positions.<sup>4</sup> These estimated values are useful in documenting the total value gained for an IMPACT grant when they

<sup>4</sup> <http://www.handsonnetwork.org/tools/volunteercalculator>

are successful in recruiting volunteers. Based on the values displayed in Table 13, the hourly values are highest for the physicians and the total monetary contributions for all IMPACT grantees are highest for these volunteers. The estimated hourly rates for ARNPs and Nurses are lower but the total amount contributed by these volunteers is still sizable, \$151,925 for nurses and \$61,809 for ARNPs.

**Table 13. Value of Volunteer Hours by Professional Position for All IMPACT Grantees, 2013**

Volunteer Type	Hours of Service	Hourly Rate	Total Value
Acupuncturist	84	\$22.14*	\$1,859.76
Administrative	2827	\$17.45	\$49,331.15
ARNP	1276	\$48.44	\$61,809.44
Behavioral Health	400	\$20.74	\$8,296.00
Dental Assistant	0	\$18.58	\$0.00
Dental Hygienist	0	\$37.80	\$0.00
Dentist	498	\$78.21	\$38,948.58
Eligibility Specialist	753	\$21.83	\$16,437.99
Nurse	4309	\$35.26	\$151,935.34
Optometrists/ Ophthalmologists	62	\$52.67	\$3,265.54
Physician Assistant	550	\$48.97	\$26,933.50
Primary	9892	\$92.62	\$916,197.04
Specialty	1891	\$92.62	\$175,144.42
Vision Screener	30	\$22.14*	\$664.20
Vision Technician	38	\$18.44	\$700.72
<b>Total</b>	<b>22,610</b>	<b>N/A</b>	<b>\$1,451,583.68</b>

Note: \*Points of Light/Independent Sector general value used in absence of a specified professional rate.<sup>5</sup>

<sup>5</sup> [http://www.independentsector.org/volunteer\\_time#sthash.OetuT8PT.dpbs](http://www.independentsector.org/volunteer_time#sthash.OetuT8PT.dpbs)



## IMPACT Client Survey

### Survey Administration

As a component of the evaluation provided for the Florida Blue Foundation, entry and analysis of the responses on IMPACT Client surveys were completed. In July 2013, the survey questionnaire was modified to include two new questions. The questions and the time frames during 2013 that were covered by each are the following:

- 1) Did you know that this program and its services are funded partially by the Florida Blue Foundation (formerly Blue Cross and Blue Shield of Florida Foundation)? (entire year)
- 2) Do you consider yourself a Floridian or a person living in Florida? (January through June)
- 3) If the Florida Blue Foundation was not helping to pay for the services you received today, how would you get these services? (entire year)
- 4) Are you likely to share with others that the Florida Blue Foundation made these services available to you? (July through December)
- 5) I am aware that Florida Blue and the Florida Blue Foundation are committed to improving my health care. (July through December)

Several frequency distributions of the completed and returned surveys are presented in Tables 14 through 16. In addition, the frequencies of the responses on the client surveys are presented in Table 15. In Table 14, the highest percentage of completed surveys submitted was in the month of October (13.5%). In Table 15, all IMPACT grantees that submitted completed IMPACT Client surveys are listed. Alachua County Health Department, Manatee County Rural Health Services, and New Horizons of the Treasure Coast did not submit completed IMPACT Client surveys. The highest percentage of completed surveys was submitted by Catholic Charities of Central Florida (34%).

**Table 14: Frequency Distribution of Completed IMPACT Client Surveys by Month, 2013**

Months in 2013	Frequency	Percent
March	17	.8
April	222	11.1
May	230	11.5
June	196	9.8
July	242	12.1
August	252	12.6
September	158	7.9
October	271	13.5
November	246	12.3
December	170	8.5
Total	2004	100.0

**Table 15: Frequency of Completed IMPACT Client Surveys by IMPACT Grantee**

	IMPACT Grantee	Frequency	Percent
1)	Catholic Charities of Central Florida	681	34.0
2)	Children's Volunteer Health Network	109	5.4
3)	Community AIDS Resource	51	2.5
4)	Franklin County Health Department	118	5.9
5)	Health and Hope Clinic	96	4.8
6)	Mental Health America of Northeast Florida	50	2.5
7)	Speech and Hearing Center	206	10.3
8)	Lotus House	167	8.3
9)	Universal Heritage Institute	298	14.9
10)	Vision Is Priceless Council	127	6.3
11)	Volunteers in Medicine Clinic	80	4.0
12)	We Care Jacksonville	21	1.0
	Total	2004	100.0

**Table 16: Frequency of Completed IMPACT Client Surveys by IMPACT Grantee Category**

IMPACT Grant Category	Frequency	Percent
Dental	278	13.9
Mental Health/Case Management	130	6.5
Primary/Specialty Care	415	20.7
Speech, Hearing and Vision	333	16.6
Multi-Service	848	42.3
Total	2004	100.0

## IMPACT Client Survey Responses

The responses to the questions on the IMPACT Client surveys are displayed in Table 17. In response to Question 2, 66.3 percent of the respondents did not know that the clinic/program services were funded by the Florida Blue Foundation. Responses to Question 1 indicated that 73.7 percent of respondents considered themselves Floridians. Responses to Question 3 on the IMPACT Client survey indicated that a high percentage of respondents, 71.9 percent, would not have received the services without the IMPACT grant. The percentage of respondents indicating they would share with others that Florida Blue made the services available was very high, 94 percent. Awareness that Florida Blue and Florida Blue Foundation are committed to improving their health care was acknowledged by 88.2 percent of survey respondents.



**Table 17. IMPACT Client Survey Results, 2013**

1. Do you consider yourself a Floridian or a person living in Florida?*		Frequency	Percent	Valid Percent
Valid	Floridian	1142	73.5	73.7
	Person living in Florida	408	26.3	26.3
	Total	1550	99.8	100
Missing		3	.2	
Total		1553	100	
2. Did you know that this clinic/program and its services are partially funded by the Florida Blue Foundation (formerly Blue Cross and Blue Shield of Florida Foundation)?		Frequency	Percent	Valid Percent
Valid	Yes	673	33.6	33.7
	No	1325	66.1	66.3
	Total	1998	99.7	100
Missing		6	.3	
Total		2004	100	
3. If the Florida Blue Foundation was not helping to pay for the services you received today, how would you get these services?		Frequency	Percent	Valid Percent
Valid	I would not have received the services.	1394	69.6	71.9
	I would have gone to another agency.	544	27.1	28.1
	Total	1938	96.7	100
Missing		66	3.3	
Total		2004	100	
4. Are you likely to share with others that the Florida Blue Foundation made these services available to you?*		Frequency	Percent	Valid Percent
Valid	Yes	420	93.1	94
	No	27	6	6
	Total	447	99.1	100
Missing		4	.9	
Total		451	100	
5. I am aware that Florida Blue and the Florida Blue Foundation are committed to improving my health care. **		Frequency	Percent	Valid Percent
Valid	Yes	396	87.8	88.2
	No	53	11.8	11.8
	Total	449	99.6	100
Missing		2	.4	
Total		451	100	

Note: \* Question only on client survey January through June 2013. \*\* Question only on client survey from July through December 2013.

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